

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

CERTIFICATE OF DEATH

11016
Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Since 11/8/46
 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... Since 11/8/46

3. (a) FULL NAME

Rutledge B. Bates

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife	6.(c) If alive, give age	years

7. Birth date of deceased (mo., day, yr.)	July 31, 1881
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8. AGE: Years	Months	Days	If less than one day
65	3	17	hrs. min.

9. Birthplace	Washington, D. C.
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(Town, county, and state)

10. Usual occupation	Paper Hanger
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11. Industry or business	Emory H. Bates
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12. Name	Emory H. Bates
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13. Birthplace	New York, N.Y.
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14. Maiden name	Mary A. Bates
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15. Birthplace	Washington, D.C.
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16. Informant	Herbert W. Bates (Brother)
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Address	7 S. Stricker St., Balto., Md.
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17. Burial	Date thereof
(Burial, cremation, or removal. Which?)	11/20/46 (month) (day) (year)

Cemetery	Glendale
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Location	Washington, D. C.
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18. Funeral director	M. L. Creager & Son
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Address	Thurmont, Maryland
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19. (Date rec'd by registrar)	11/17/46 19
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2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 7 S. Stricker St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1946 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8 1946 to Nov. 17 1946

and that I last saw h...im alive on November 17 1946

Immediate cause of death
Pulmonary TuberculosisDURATION
6 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

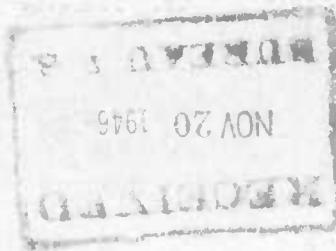
Means of injury Injured at work?

23. SIGNATURE J. B. Lyn

M. D. ~~MD~~

Address State Sanatorium, Md. Date signed 11/18/46

1-31-



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 409

CERTIFICATE OF DEATH

Reg. Dist. No. 110131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 Years
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 5 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 202 College Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME
DR. MABEL LOWELL BISHOP

4. Sex: F 5. Color or race: W 6.(a) Single, married, widowed, or divorced: S

6.(b) Name of husband or wife: _____
6.(c) If alive, give age: _____ years

7. Birth date of deceased (mo. day, yr.): February 17, 1881

8. AGE: Years: 65 Months: 9 Days: 12 If less than one day: _____ hrs. _____ min.

9. Birthplace: Bridgeport - Conn.
(Town, county, and state)

10. Usual occupation: Professor Emeritus of Biology

11. Industry or business: Dept. Hood College

12. Name: James Madison Bishop

13. Birthplace: Conn.

14. Maiden name: Elmira Stout

15. Birthplace: Conn.

16. Informant: Mrs. Henry Stahr

Address: Frederick, Maryland

17. Burial: Burial Date thereof: 12-3-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Mountain Grove Cemetery
Cemetery or cemetery

Location: Bridgeport - Conn.

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 2 Dec 1946 Elizabeth L. Heck
(Date rec'd by registrar) (Signature) (Registrar)

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29th, 1946 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 1, 1946, to Nov 29, 1946
and that I last saw her alive on Nov 29, 1946

Immediate cause of death: Carcinoma Pancreas

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 8 months of death)

Major findings of operations: Carcinoma Pancreas Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____

Injured at work? _____

23. SIGNATURE: E.P. Thomas M. D. or other _____

Address: Frederick, Maryland Date signed: 11-30-46

RECEIVED

DEC 4 1946

FBI - BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

11018
131 0
Reg. Dist. No.

1. PLACE OF DEATH:
County. Frederick
City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State. Maryland County. Frederick
City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 222 South Carroll Street
(If rural, give LOCATION)
2.(a) If veteran, name war. None

3. (a) FULL NAME
NORA JEAN BITLER

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 4, 1946
8. AGE: Years Months Days If less than one day
0 0 1 9 hrs. min.

9. Birthplace. Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation. Infant

11. Industry or business

MOTHER FATHER 12. Name. Charles Edward Bitler
13. Birthplace. Walkersville, Maryland

MOTHER 14. Maiden name. Mary Ellen Tracey
15. Birthplace. Frederick, Maryland

16. Informant. Mrs. Mary E. Bitler
Address 222 S. Carroll St., Frederick, Md.

17. Burial Date thereof. 11/6/46
(Burial, cremation, or removal, which?) Cemetery or cemetery. Mount Olivet Cemetery

Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son
Address. Frederick, Maryland

19. (Date rec'd by registrar) 1946
Registrar

3. (b) Social Security Number
NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1946, at 5:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 1946 to Nov. 5 1946
and that I last saw her alive on Nov. 5 1946.

Immediate cause of death. Patent Ossicle
Circulatory
Due to. pneumonia

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. M. D. or other

Address. Frederick, Maryland Date signed 11-6-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1310)

CERTIFICATE OF DEATH

Reg. Dist. No. 1101450

1. PLACE OF DEATH:

County..... *Frederick*City or town..... *Meyersville*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *45 yrs*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Charles J. Bittle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white, widowed

6. (b) Name of husband or wife

Effie J. Brown

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Oct 28, 1862

8. AGE:

Years

Months

Days

If less than one day

*84**—**11**hrs.**min.*

9. Birthplace

(Town, county, and state)

M. Meyersville Frederick Md

10. Usual occupation

Retired coach maker

11. Industry or business

Own firm

12. Name

William M. Bittle

13. Birthplace

M. Meyersville, Md

14. Maiden name

Catherine Routhalyn

15. Birthplace

M. Meyersville, Md

16. Informant

Lawson J. Bittle

Address

Meyersville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... *Nov 11, 1946*

(month) (day) (year)

Cemetery or crematory

St Paul's Lutheran

Location

Meyersville

18. Funeral director

Frank J. Bittle

Address

Meyersville, Md.

19.

19..... *Edgar Bittle*

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Nov 9 1946 at..... *8:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec 1945 to Nov 9 1946*and that I last saw him alive on *Nov 8 1946*

Immediate cause of death.....

*Uraemia*Due to *Chronic interstitial nephritis*Duration *four months* cur.R.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

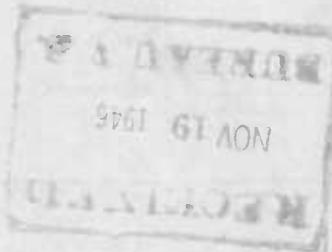
Injured at work?.....

23. SIGNATURE.....

J. E. Harp M.D.

M. D. or other

Address..... *Welltown*Date signed *11-9-46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2420

11020

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County. Frederick

City or town. Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred: Near Shookstown

How long in hospital or institution?

3. (a) FULL NAME

HARVEY LESLIE BLANK, SR.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W M

8. (b) Name of husband or wife. Olive May Stup

7. Birth date of deceased (mo., day, yr.) January 11, 1892
years 49
(c) If alive, give age8. AGE: Years Months Days If less than one day
54 10 16 hrs. min.9. Birthplace. Frederick County Maryland
(Town, county, and state)

10. Usual occupation. Stone Mason

11. Industry or business

12. Name. Lewis Blank

13. Birthplace. Frederick County Maryland

14. Maiden name. Fannie Kline

15. Birthplace. Frederick County Maryland

16. Informant. Mrs. Olive Blank

Address. R. F. D. #5, Frederick, Maryland

17. Burial Date thereof. 11/29/46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory. Rocky Spring Cemetery

Location. Frederick, Maryland - Rural

18. Funeral director. M. R. Etchison and Son

Address. Frederick, Maryland

19. Date rec'd by registrar. 11/29/46
(Date rec'd by registrar) 1946Elizabeth Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Frederick

City or town. Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Shookstown

(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH. November 27th, 1946 at 10:45A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 26 1946 10:45 to Nov 27 1946
and that I last saw him alive on Nov 26 1946

Immediate cause of death. Septicemia

Due to. Vom & Diarrhea

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

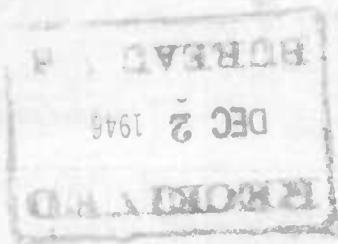
Injured at work?

23. SIGNATURE. F. H. Hedr

M. D.

M. D. or other

Address. Frederick, Maryland Date signed 11-28-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11021

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 days

3. (a) FULL NAME

Ira Isom Bohrer

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

58

Months

?

Days

?

If less than one day

hrs.

min.

9. Birthplace

West Virginia

(Town, county, and state)

10. Usual occupation

Br & O R.R. Brakeman

11. Industry or business

Transportation

12. Name

Bohrer

13. Birthplace

West Virginia

14. Maiden name

Eliza E. Hoil

15. Birthplace

West Virginia

16. Informant

Ira Isom Bohrer

Address

Brunswick Md

17. Burial

(Burial, cremation, or removal. Write)

Date thereof Nov. 17, 1946
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md.

18. Funeral director

C. H. Feely & Son

Address

Brunswick Md.

19. 15 - hrs

(Date rec'd by registrar)

19. 14

(Date rec'd by registrar)

Elizabeth Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 807 East B St

(If rural, give LOCATION)

2.(a) If veteran, name war

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

14 November 1946 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 November 1946 to 14 Nov. 1946

and that I last saw him alive on 14 November 1946

Immediate cause of death

Uremia

DURATION

5 days

Due to Hypertensive Heart Disease

2 yrs (?)

Due to Hypertension, essential (?)

10 yrs (?)

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Charles H. Conley, M.D.

M. D. or other

Frederick, Md

Date signed 15 Nov. 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

1102/33

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County..... Frederick
City or town..... Sabillasville

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Jacob Martin Bowman

3. (b) Social Security Number

213-01-9298

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife..... Margaret Smith Bowman

6. (c) If alive, give age..... 67 years

7. Birth date of deceased (mo., day, yr.)..... July 9, 1878

8. AGE: Years Months Days If less than one day
68 4 7 hrs. min.9. Birthplace..... Sabillasville, Frederick Co., Md
(Town, county, and state)

10. Usual occupation..... B;acksmith

11. Industry or business

12. Name..... Jacob M. Bowman

13. Birthplace..... Sabillasville, Md

14. Maiden name..... Catherine Comfort.

15. Birthplace..... Sabillasville, Md.

16. Informant..... Mrs. Jacob Bowman

Address..... Sabillasville, Md

17. Burial..... Nov. 18, 1946
(Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory..... Mt Bethel Cemetery

Location..... Cascade, Md

18. Funeral director..... M. L. Creager & Son

Address..... Thurmont, Md.

19. Nov. 18, 1946
(Date rec'd by registrar)Blanche & Evelyn
Registrars
Address.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Sabillasville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war..... No

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 16, 1946, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1-18, 1930, to 11-16, 1946, and that I last saw b; alive on 11-15, 1946.

Immediate cause of death.....

appoplexy

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

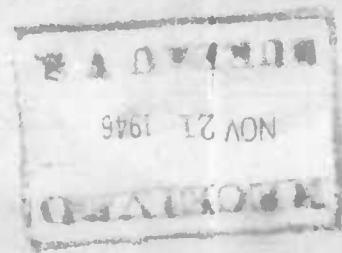
Means of injury.....

Injured at work?

23. SIGNATURE

H. C. Brichus M. D. or other

Address..... Blue Ridge Smoky Mts. Date signed 11-16-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137-2

CERTIFICATE OF DEATH

11023

131

Reg. Dist. No.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, Institution, or street address where death occurred: Near Mount Pleasant

How long in hospital or institution?.....

3. (a) FULL NAME

HENRY BOYD

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Viola H. Jackson

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo. day, yr.)

August 10, 1858

8. AGE:

Years
88Months
3Days
7

If less than one day

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

Edward Boyd

MOTHER

FATHER

Frederick County Maryland

MOTHER

FATHER

Maria (last name unknown)

MOTHER

FATHER

Frederick County Maryland

MOTHER

FATHER

Mrs. Viola Boyd

16. Informant

MOTHER

FATHER

R.F.D.#1, Frederick, Maryland

17. Burial

MOTHER

FATHER

Date thereof 11/20/46

(Burial, cremation, or removal, where?)

(month) (day) (year)

MOTHER

FATHER

Waymans Methodist Cemetery

MOTHER

FATHER

Cemetery or crematory

Nr. Mt. Pleasant Fred'k - Rural

MOTHER

FATHER

M. R. Etchison and Son

MOTHER

FATHER

Frederick, Maryland

MOTHER

FATHER

Address

MOTHER

FATHER

Elizab'th L. Tech.

MOTHER

FATHER

Registrar

MOTHER

FATHER

18 Nov 1946

MOTHER

FATHER

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Mount Pleasant

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17, 1946, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 11, 1946, to Nov. 17, 1946,

and that I last saw him alive on Nov. 11, 1946.

Immediate cause of death:

Cancer

Due to: Prostatic enlargement, Cag. 3.

Duration: several years.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE:

Howard W. Tech.

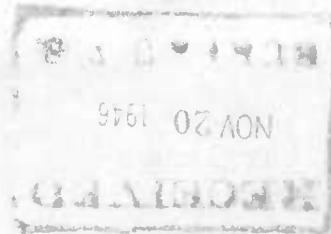
M. D.

M. D. or other

Address: Frederick, Maryland

Date signed: 11-18-46

1-321



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11024

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County..... Frederick
City or town..... Frederick (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred: Montevue

How long in hospital or institution? 8 years

3. (a) FULL NAME

ROBERT FRANKLIN BUTLER

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 7, 1875

8. AGE: Years Months Days If less than one day
70 10 25 hrs. min.9. Birthplace..... Burkittsville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation..... Farm Hand

11. Industry or business

12. Name..... Robert Butler

13. Birthplace..... Maryland

14. Maiden name..... Don't Know

15. Birthplace.....

16. Informant..... Records at Montevue

Address..... Frederick, Maryland

17. Burial..... Cemetery or crematory

(Burial, cremation, or removal, which?) Fairview Cemetery

Location..... East of Frederick, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. H. No. 1946 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
City or town..... Frederick (Rural) Montevue
Street No. _____
(If rural, give LOCATION) None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1946, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never
did not see
and that I last saw him alive on 19, 10, 19
19.

Immediate cause of death

Cerebral Hemorrhage

DURATION

Instantaneous

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

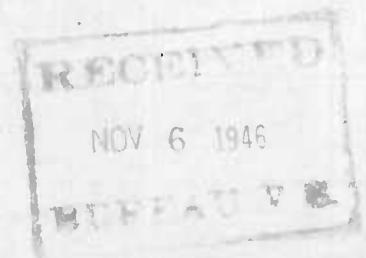
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles L. Conley, M.D. or other
Frederick, Md. Date signed 2 Nov '46



1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

110251310
Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hours

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 5 hours

3. (a) FULL NAME

Pearl Eva Chen

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife

Joseph E. Chen

7. Birth date of deceased (mo., day, yr.)

May 11, 1888

65 - years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

8. Birthplace

Virginia -

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Grant Hanes

FATHER

12. Name

Virginia

13. Birthplace

Mary Virginia Frye

14. Maiden name

Virginia

MOTHER

15. Birthplace

Virginia

16. Informant

Joseph E. Chen

Address

Brunswick Md.

17. Burial

(Burial, cremation, or removal; which?)

Date thereof Dec. 2, 1946

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Kingsville Md.

18. Funeral director

C. H. Felt & Son

Address

Brunswick Md.

19. Date rec'd by registrar

1946

(Date rec'd by registrar)

Elizabeth S. Heck.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

County

Frederick
Frederick
Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

" A " St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

29 November 1946 11:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 November 1946 to 29 Nov. 1946

and that I last saw her alive on 29 Nov. 1946

Immediate cause of death

Diabetic Coma

DURATION

36 hrs (?)

Due to

Diabetes Mellitus

15 hrs (?)

Due to

Atrial Fibrillation

7

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

Charles L Conley, M.D.

M.D. or other

30 Nov. 46

Address Frederick, Md. Date signed

RECEIVED

DEC 4 1946

BUREAU 7-8

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11026

Reg. Dist. No. 1340

1. PLACE OF DEATH:

County... Frederick
City or town... Emmitsburg, Md. *Rural*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ida Jane Cool

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

8. (b) Name of husband or wife... Samuel D. Cool

7. Birth date of deceased (mo. day, yr.) December 27, 1863
(6. (c) If alive, give age years)8. AGE: Years Months Days If less than one day
82 10 25 hrs. min.9. Birthplace... Adams County, Pennsylvania
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... James Oliver Sanders

13. Birthplace Adams County, Pennsylvania

14. Maiden name... Dorothy Kepley

15. Birthplace Unknown

16. Informant... George F. Cool

Address Emmitsburg, Md.

17. Burial Date thereof Nov. 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's Cemetery

Location Emmitsburg, Md.

18. Funeral director... S. L. Allison

Address Emmitsburg, Md.

19. Nov. 24, 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Emmitsburg, Md. *Rural*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Nov 23 1946 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19 to Nov 23 1946
and that I last saw her alive on Nov 22 1946

Immediate cause of death

arteriosclerotic cardio-
vascular disease

DURATION

Due to with chronic

myocarditis *Rural*
yearsDue to...
Other conditions arteriosclerotic
gangrene left leg. 1 month
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address... *W. R. Dailey MD* Date signed 11-24-46

RECEIVED

NOV 26 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8301

11027

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 week

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

3. (a) FULL NAME

Dorothy Clemon

4. Sex:

Female

5. Color or race

Colored widowed

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Deceased

7. Birth date of deceased (mo., day, yr.)

December 1862

8. (c) If alive, give age..... years

8. AGE:

about 84

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Md (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Grocery Chambers

12. Name

Deceased

13. Birthplace

New Market Md

14. Maiden name

Mary Flowers

15. Birthplace

New Market Md

16. Informant

Mrs Addie Gram

Address

New Market Md

17. Burial

Date thereof Nov 19-1946

(Burial, cremation, or removal, if any)

(month) (day) (year)

Cemetery or crematory

Simpson Chapel

Location

New Market Md

18. Funeral director

W E Falconer

Address

New Market Md

19. (Date rec'd by registrar)

17 Nov

1946

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Frederick

City or town

Md Monocacy

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Nov 19 1946 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 7 1946 to Nov 15 1946

and that I last saw her alive on Nov 15 1946

Immediate cause of death

Cerebral Hemorrhage

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

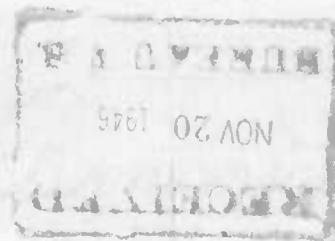
Address

Ep Shone

Signed

Date signed Nov 16-46

1-35-1



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-B

11028

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 5/19/41

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/19/41

3. (a) FULL NAME

William G. Crofoot

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of wife

Leona H. Crofoot

7. Birth date of deceased (mo., day, yr.)

July 28, 1911

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

35

3

20

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Aeroplane assemblyman

11. Industry or business

George Crofoot

12. Name

Maryland

13. Birthplace

Anna Mitchell

14. Maiden name

Maryland

15. Birthplace

Deceased

16. Informant

Address 426 Millington Ave., Balto., Md.

17. Unknown (Burial) Date thereof Unknown (month) (day) (year)

(Burial, cremation, or removal. Which?) (month) (day) (year)

Unknown London Park

Cemetery or crematory

Unknown Baltimore, Md.

Location

Unknown Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. 11/17 (Date rec'd by registrar)

19 46

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 426 Millington Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

218-03-5334

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 46 at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 19 46 to Nov. 17 19 46

and that I last saw h. im. alive on November 17 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 1/2 Yrs

XXXX

Tuberculous Enteritis

2 1/2 Yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings all operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. W. Ayers

M. D. XX

Address State Sanatorium, Md. Date signed 11/18/46

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460+

11029

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

Since September 16, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME

EDNA CLEM CROMWELL

3. (b) Social Security Number

None

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

S

6.(b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.)

November 3, 1875

8. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

71

0

13

hrs.

min.

9. Birthplace: Nr. Buckeystown-Frederick-Md.

(Town, county, and state)

10. Usual occupation:

At Home

11. Industry or business

12. Name: Arthur Cromwell

13. Birthplace: Frederick County Maryland

14. Maiden name: Christianna W. Trundle

15. Birthplace: Frederick County Maryland

16. Informant: Mr. A. Hayes Cromwell

Address: Adamstown, Maryland

17. Burial

Date thorot: 11/18/46

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. W. M. M.

19. W. M. M.

Elizabeth G. Tech.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15, 1946, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw her alive on

Immediate cause of death:

Diseases of colon

Due to: Thrombosis in

Spine & both femurs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

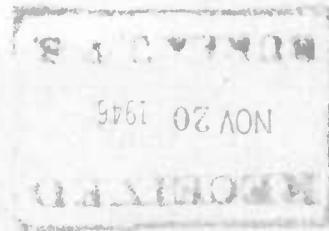
23. SIGNATURE: B. O. Hanes

M. D. or other

Address: Frederick, Maryland

Date signed: 11-16-46

1-31-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

B-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County: **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 10/8/45**
 Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution? **Since 10/8/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Frederick**
 City or town: **Union Bridge**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: **Route 2**
 (If rural, give LOCATION)
 2.(a) If veteran, name war: _____

3. (a) FULL NAME **Henry M. Damewood**
 4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widower**
 6.(b) Name of husband or wife: _____
 7. Birth date of deceased (mo., day, yr.) **December 16, 1868** 6.(c) If alive, give age _____ years
 8. AGE: **77** Years **11** Months **1** Days If less than one day _____ hrs. _____ min.
 9. Birthplace **Craig County, Virginia** (Town, county, and state)
 10. Usual occupation **Carpenter**
 11. Industry or business

MOTHER FATHER
 12. Name **Anderson M. Damewood**
 13. Birthplace **Newcastle, Virginia**
 14. Maiden name **Delphia Ann Kern**
 15. Birthplace **Fincastle, Virginia**

16. Informant **Mrs. Lacy Testerman (adopted daughter)**
 Address **Rt. 2, Union Bridge, Md.**

17. Unknown (Burial, cremation, or removal. Which?) Date thereof **Unknown** (month) (day) (year) **11/20/46**

Cemetery or crematory **Unknown** **Sterling Cemetery**
 Location **Unknown** **Sterling, Va.**

18. Funeral director **D. D. Hartzler & Sons**
 Address **Union Bridge, Maryland**

19. **11/18** (Date rec'd by registrar) **19 46** Registrar

3. (b) Social Security Number **578-16-0027**

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 17** 19 **46** at **11:05 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 8** 19 **45** to **Nov. 17** 19 **46** and that I last saw him alive on **November 17** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis**

DURATION **2 Yrs.**

Due to: _____

Due to: _____

Other conditions **Diabetes Mellitus** (Include pregnancy within 3 months of death) **Unknown**

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

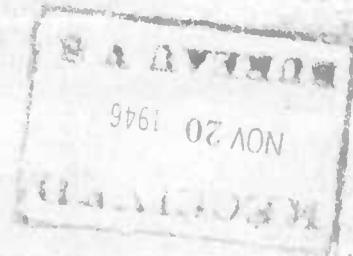
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **J. D. - Lym** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **11/18/46**



RECEIVED

DEC 4 1946

RECEIVED

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11032

CERTIFICATE OF DEATH

Reg. Dist. No. 1360

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #2

City or town

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hope Hill

How long in hospital or institution?

3. (a) FULL NAME

CHARLES EMORY DIGGS

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

April 10, 1903

8. AGE:

Years

Months

Days

If less than one day

43

7

17

..... hrs. min.

Hope Hill-Frederick-Maryland

B. Birthplace

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

12. Name Arthur Diggs

13. Birthplace Frederick County Maryland

14. Maiden name Daisy Holland

15. Birthplace Frederick County Maryland

16. Informant Arthur Diggs

Address R. F. D. #2, Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 11/30/46

(month) (day) (year)

Hope Hill Cemetery

Cemetery or crematory

Near Urbana, Maryland

Location

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. nov 30

(Date rec'd by registrar)

19. 46

G. O. Hendrickson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

Frederick

County

Frederick-Rural R. F. D. #2

(If outside city or town limits, write RURAL and give nearest town)

Hope Hill

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 27, 1946, 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~on~~ above date - (one visit) and that I last saw him alive on above date

Immediate cause of death

Cerebral emboli

DURATION

5 hr - 2

Due to

?

Due to

?

Other conditions

Paraplegia (mild)
since child hood

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

U. G. Baumer

M. D.

M. D. or other

Frederick, Maryland

Date signed

11-28-46

Address



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

11633

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)
20 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

3 McMurray Street

How long in hospital or institution?

3. (a) FULL NAME

BENJAMIN ROSENOUR DIXON

4. Sex M 5. Color or race W 6. (c) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Margaret A. Stang

6. (e) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) January 28, 1894

8. AGE: Years Months Days If less than one day
52 10 1 .hrs. .min.9. Birthplace Park Mills-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Welder

11. Industry or business Frederick Iron & Steel Co.

12. Name James B. Dixon

13. Birthplace Frederick County Maryland

14. Maiden name Martha E. Nickols

15. Birthplace Frederick County Maryland

16. Informant Mrs. Margaret Dixon

Address 3 McMurray St., Frederick, Md.

17. Burial Date thereof 12/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 1946
(Date rec'd by registrar) 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County FrederickState Frederick
City or town (If outside city or town limits, write RURAL and give nearest town)

3 McMurray Street

Street No. (If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (b) Social Security Number

214-10-2871

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1946 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 21 1946 to Nov. 29 1946

and that I last saw h. alive on Nov. 29 1946

Immediate cause of death

Silicosis and
Cerebral hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

M. D. or other
M. D. or other
Frederick, Maryland Date signed 11-30-46
Address

RECEIVED

DEC 4 1946

BRA
BRA

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11034
136

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick
City or town..... Urbana

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

CHARLES WILLIAM DRONENBURG

4. Sex..... 5. Color or race..... 8.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife..... Manzella Tucker

7. Birth date of deceased (mo., day, yr.)..... May 5-1873
8. (c) If alive, give age..... 70 years8. AGE: Years Months Days If less than one day
73 6 5 hrs. min.9. Birthplace..... Urbana Frederick Co. - Md.
(Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business

12. Name..... Charles W. Dronenburg
13. Birthplace..... Frederick Co. Md.14. Maiden name..... Anne Rebecca Dudtrow
15. Birthplace..... Frederick County Md.

16. Informant..... Mrs. Charles W. Dronenburg

Address..... Urbana, Md.

17. Burial..... Date thereof..... Nov. 12-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Episcopal Cemetery

Location..... Urbana, Md.

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Md.

19. (Date rec'd by registrar)..... 1946..... G. O. Huddleston
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Urbana
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

214-14-6025

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 10th. 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead on Nov. 10 1946
19. 46

Immediate cause of death

Coronary Thrombosis

DURATION
10 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

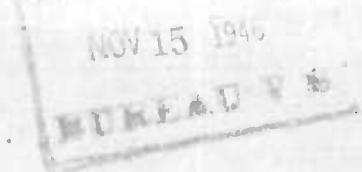
Bernard J. Huddleston, M.D.

Act. Deputy Medical Examiner

M. D. or other

Address..... Frederick, Md. Date signed..... Nov. 11, 1946

Mr. B. A. Thomas, Jr.



1-35-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

1035

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County. Frederick
City or town. Frederick

(If outside city or town limits, write RURAL and give nearest town)
25 Years

How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
248 Carroll Parkway

How long in hospital or institution? 25 Years
3. (a) FULL NAME

IDA FRANCES EIKER

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	W

6. (b) Name of husband or ~~spouse~~ Daniel W. Eiker

7. Birth date of deceased (mo., day, yr.) April 23, 1867
6. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
79	6	15	hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William H. Grabill

13. Birthplace Frederick County Maryland

14. Maiden name Maria L. Hamilton

15. Birthplace Frederick County Maryland

16. Informant Walter E. Eiker

Address 248 Carroll Parkway, Frederick, Md.

17. Burial Date thereof 11/11/46
(Burial, cremation, or removal, which)
(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Registrar Elizabeth E. Eiker

(Date rec'd by registrar) 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 550 East Church Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1946 at 10:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 16, 1946, to November 8, 1946
and that I last saw him alive on November 7, 1946

Immediate cause of death

Chronic myocarditis

DURATION

2 years+

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. O. Hause M. D.

M. D. or other

Address Frederick, Maryland Date signed 11-9-46

1 MARGIN RESERVED FOR BINDING

13 1946

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

CERTIFICATE OF DEATH

11036

139

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Md.

(If outside city or town limits, write RURAL and give nearest town)

Since 7/29/46

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/29/46

3. (a) FULL NAME

Steven Arlow Ekovich

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband/wife

Frances Ekovich

7. Birth date of deceased (mo., day, yr.)

Feb. 25, 1902

6. (c) If alive, give age 32 years

8. AGE:

Years

Months

Days

If less than one day

44

8

9

hrs.

min.

9. Birthplace

Brownsville, Pa.

(Town, county, and state)

10. Usual occupation

11. Industry or business Dry Cleaning

12. Name Michael Ekovich

13. Birthplace Yugoslavia

14. Maiden name Mary Arlow

15. Birthplace Yugoslavia

16. Informant Deceased

Address

17. Unknown Removal Date thereof Unknown

(Burial, cremation, or removal. Which?) (month) (day) (year)

Unknown

Cemetery or crematory

Location McClellan's Unknown Town, Pa.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. 11/4/46 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3203 Abell Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

220-09-2174

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3

19. 46 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 29

19. 46 to Nov. 3

19. 46

and that I last saw h. im alive on November 3

19. 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

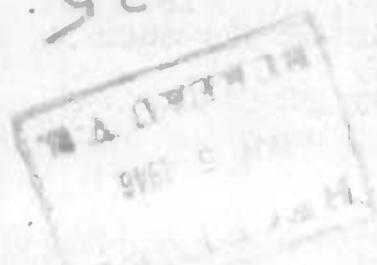
23. SIGNATURE

J. B. Lynn

M. D.

Address State Sanatorium, Md. Date signed 11/4/46

1-35



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11037
Reg. Dist. No. 31

1. PLACE OF DEATH:

County FrederickCity or town Mt. Pleasant

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert E. Eyles4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Annie J. Geissinger6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) April 6, 1861

8. AGE:

Years 85Months 7Days 21

If less than one day

hrs. — min. —9. Birthplace Frederick Co.

(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

12. Name Martin L. Eyles13. Birthplace Frederick Co.14. Maiden name Catherine Eyles15. Birthplace Pennsylvania16. Informant Mrs. Harry W. Green

Address

Frederick, R. I. D.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof Nov. 30, 1946
(month) (day) (year)Cemetery or crematory Rocky Hill

Location

on Woodsboro18. Funeral director J. C. Barton

Address

Walkersville19. 29 Nov. 1946

(Date rec'd by registrar)

Elizabeth Y. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty FrederickCity or town Mt. Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1946 to Nov. 27, 1946and that I last saw him alive on Nov. 27, 1946Immediate cause of death CoronaryDue to ChronicOther conditions —Duration —

(Indicate pregnancy within 8 months of death)

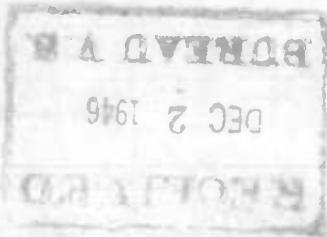
Major findings or operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide —Date of —Where did injury occur? —(City or town) —(County) —(State) —Injured at home, farm, industry, public place (where?) —Means of injury —Injured at work? —23. SIGNATURE J. H. Murphy M.D.M. D. or other —Address Walkersville, MarylandDate signed Nov. 26

1-55



DEC 2 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-2

CERTIFICATE OF DEATH

11038

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick
County
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
Frederick City Hospital

5 Days

How long in hospital or institution?

3. (a) FULL NAME

JAMES DARBY FOUT 300

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

August 7, 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

0

3

3

hrs.

min.

9. Birthplace: Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

MOTHER FATHER 12. Name: J. Austin Fraley

13. Birthplace: Frederick County Maryland

14. Maiden name: Frances Staub

15. Birthplace: Carroll County Maryland

16. Informant: Mrs. Frances Fout

Address: R. F. D. #1, Thurmont, Maryland

17. Burial

Date thereof: 11/12/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 12 Mon

1946

(Date rec'd by registrar)

Elizabeth G. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland Frederick

State: County: Thurmont-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Thurmont

(If rural, give LOCATION)
None

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10, 1946 8:50A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

noon 10 1946 to noon 10 1946

and that I last saw him alive on 10 10 1946

Immediate cause of death:

meningitis

DURATION

3 days

Due to:

Acute Bronchitis

6 days

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: *Bob Thomas*

M. D.

Address: Frederick, Maryland

M. D. or other

Date signed: 11-11-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

11039

Reg. Dist. No. 1 3 40

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Carrie Irene Garber

3. (b) Social Security Number

None

4. Sex

Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife... Samuel Garber

7. Birth date of deceased (mo., day, yr.) Sept 9 - 1872 | 8. (c) If alive, give age years

8. AGE: Years 74 Months 2 Days 9 | 11 less than one day hrs. min.

9. Birthplace... No. Frederick Frederick Co. Md. (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... James H. Bruce Ogle

13. Birthplace... Frederick Co.

14. Maiden name... Laura C. Mathias

15. Birthplace... Frederick Co.

16. Informant... Benjamin H. Ogle

Address... Ebensburg Md.

17. Burial... Date thereof... Nov. 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mt. Hope

Location... Frederick Md.

18. Funeral director... M. L. Reager & Son

Address... Thurmont Md.

19. Nov 19 1946 M. L. Shantz
(Date rec'd by registrar) Register

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... Maryland County... Frederick

City or town... Rock Ridge Md. (If outside city or town limits, write RURAL and give nearest town)

Street No... (If rural, give LOCATION)

2. (a) If veteran, name war... no

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov. 18 1946 st 9 6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 1 18 1946 to Nov. 18 1946

and that I last saw her alive on Nov. 15 1946

Immediate cause of death...

Heart failure due to
Ch. myo. conditio

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

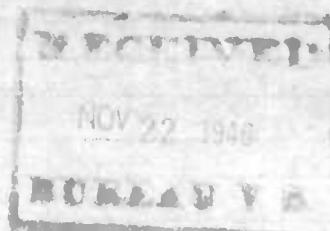
Means of injury... Injured at work?

23. SIGNATURE... James H. Gray M.D.

M. D. or other

Address... Thurmont Md. Date signed... Nov. 19 1946

RECEIVED BY THE DEPARTMENT OF STATE, WASHINGTON



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

11040

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 6/22/44

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 6/22/44

3. (a) FULL NAME

William J. Gorman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 23, 1877

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

69

4

28

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

MOTHER FATHER

Owen Gorman

12. Name

Ireland

MOTHER

13. Birthplace

Maryland

14. Maiden name

Mary Dolan

15. Birthplace

Maryland

16. Informant

Deceased

Address

Unknown

(Burial, cremation, or removal. Which?)

(Date thereof) (month) (day) (year)

Cemetery or crematory

Unknown

Location

Cathedral

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. (Date rec'd by registrar)

19. 46

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore (If outside city or town limits, write RURAL and give nearest town)Street No. 1822 N. Durham St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

215-09-8339

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20

19. 46 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22, 1944, to Nov. 20, 1946

and that I last saw him alive on November 20, 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

About 3 years.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

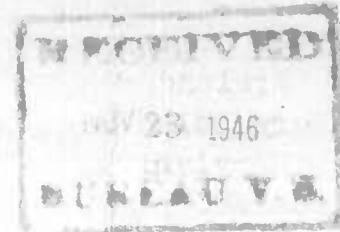
Means of injury

Injured at work?

23. SIGNATURE

J. B. L.

M. D. XAddress State Sanatorium, Md. Date signed 11/21/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Reg. Dist. No. 11/340

1. PLACE OF DEATH:

County..... **Frederick**
City or town..... **Emmitsburg, Md.**

(If outside city or town limits, write RURAL and give nearest town)

1 month

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Benjamin Franklin Grushon4. Sex **m** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **married**6.(b) Name of husband or wife..... **Mae Harner Grushon**

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) **June 3, 1884**8. AGE: Years **63** Months **3** Days **17** If less than one day
..... hrs. min.9. Birthplace..... **Frederick County, Md.**
(Town, county, and state)10. Usual occupation..... **Farmer**

11. Industry or business

12. Name..... **Thomas Henry Grushon**13. Birthplace..... **Frederick Co., Md.**14. Maiden name..... **Ellen A. Reighter**15. Birthplace..... **Frederick Co., Md.**16. Informant..... **Mae Grushon**Address..... **Emmitsburg, Md.**17. burial (Burial, cremation, or removal. Which?) **burial** Date thereof..... **Nov 23 1946**
(month) (day) (year)Cemetery or crematory..... **Mt View**Location..... **Emmitsburg, Md.**18. Funeral director..... **S. L. Allison**Address..... **Emmitsburg, Md.**19. **Nov 21** (Date rec'd by registrar) 19. **46****M. F. Shuff**
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... **Maryland** County..... **Frederick**City or town..... **Emmitsburg** (If outside city or town limits, write RURAL and give nearest town)Street No..... **126 East Main Street** (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **Nov. 20** 19 **46** a.m. 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that deceased from

June 1946 to **Nov 20 1946**
and that I last saw him alive on **Nov 19 1946**

Immediate cause of death

Cerebral Hemorrhage 48 hoursDue to **Hypertension - several years**

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations **None**

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

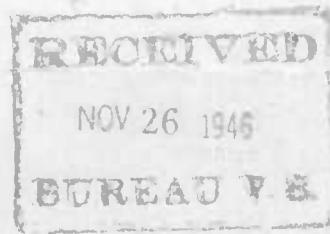
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

W. R. Oadle M.D.
M. D. or other
Address..... **Emmitsburg, Md.** Date signed **11-21-46**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-20

CERTIFICATE OF DEATH

11042

1315

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick City Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Frederick City Hospital, Frederick, Md.How long in hospital or institution? 6 days

3. (a) FULL NAME

MRS. IDA G. HARSHMAN

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

deceased

7. Birth date of deceased (mo., day, yr.)

Sept 4-1870

6. (c) If alive, give age

year

8. AGE:

Years

Months

Days

If less than one day

76

2

15

..... hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

XXX

FATHER

Sewis Ausbrenner

12. Name

Maryland

13. Birthplace

Catherine Delaster

14. Maiden name

Maryland

15. Birthplace

Maryland

16. Informant

Harry Harshman

Address

Not airy Md

17. Burial

Date thereof Nov 22-1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Pleasant Hill

Location

Morristown Md

18. Funeral director

W.E. Falconer

Address

New Market Md

19. 20 Nov 1946

(Date rec'd by registrar)

Elizabeth Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty FrederickCity or town New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 19

19 46 at 1230 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1319 46 to Nov 19

19 46

and that I last saw her alive on Nov 19

19 46

19 46

Immediate cause of death

Pulmonary edema

DURATION

Due to

Due to

Other conditions

Strangulated bowel

(Include pregnancy within 3 months of death)

Major findings or operations

strangulated bowelDate of op. Nov 14-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

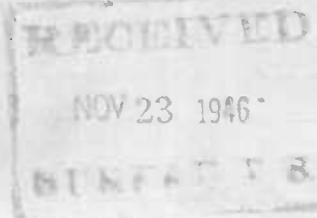
23. SIGNATURE

G.P. Thomas

M. D. or other

Address

Frederick MdDate signed Nov 20-46



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11043

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)How long is above place of death? 5 yearsHospital, institution, or street address where death occurred: 411 N. Bent St

How long in hospital or institution?

3. (a) FULL NAME

Ruth Alcesta Wingert Heffner4. Sex: Female 5. Color or race: white 6. (a) Single, married, widowed, or divorced: married8. (b) Name of husband or wife: Wm. V. Heffner7. Birth date of deceased (mo., day, yr.): Jan 31 1909 8. (c) If alive, give age: 54 years8. AGE: Years: 36 Months: 9 Days: 24 If less than one day: hrs. mts.9. Birthplace: Chambersburg Pa
(Town, county, and state)10. Usual occupation: Housewife

11. Industry or business

12. Name: Charles J. Wingert13. Birthplace: Hagerstown Md14. Maiden name: Mary P. Zeigler15. Birthplace: Hagerstown Md16. Informant: Wm. V. HeffnerAddress: Frederick, Md17. Burial: Mount Olivet Date thereof: Nov 27, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory: Mount OlivetLocation: Frederick, Md18. Funeral director: Harry E. Gandy CoAddress: Frederick, Md

19. 97 Wm. 19. 44 (Date rec'd by registrar) 19. 44 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: FrederickCity or town: Frederick (If outside city or town limits, write RURAL and give nearest town)Street No.: 411 N. Bent St (If rural, give LOCATION)2.(a) If veteran, name war: none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/25 19 46 st 48 m21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-24 1946 10 to 11-25 1946 and that I last saw her alive on 11-25 1946.

Immediate cause of death:

Tuberculosis

DURATION

2 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

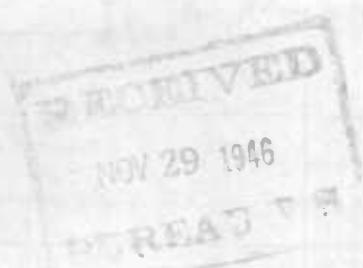
Injured at home, farm, industry, public place (where?) _____

Means of injury:

Injured at work?

23. SIGNATURE:

E. G. Burges M.D. or otherAddress: Frederick, Md Date signed: 11/26/46



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11044

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County.....

City or town.....

Frederick
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred: 118 E. South St.

How long in hospital or institution?

3. (a) FULL NAME

Franklin Thomas Hilderbrand

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife: Cleopha J. Fogle

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

10-23-1875

8. AGE:

Years

Months

Days

If less than one day

71 0 23 hrs. min.

9. Birthplace

Frederick County, Md.

(Town, county, and state)

10. Usual occupation

Watchman

11. Industry or business

Canning Factory

12. Name

Samuel J. Hilderbrand

13. Birthplace

Frederick Co., Md.

14. Maiden name

Matilda Shafer

15. Birthplace

Frederick Co., Md.

16. Informant

Mrs. Franklin J. Hilderbrand

Address

118 E. South St. - Frederick, Md.

17. Burial

Date thereof. 11-18-1946

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Blow's Cemetery

Location

St. of Frederick

18. Funeral director

C. E. Cline & Son

Address

Frederick, Md.

19. M. W. (Date rec'd by registrar)

19-11-6

Elizabeth Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 118 E. South St. (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

214-10-5593

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1946 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1 1946 to Nov. 15, 1946 and that I last saw him alive on Nov. 16, 1946

Immediate cause of death

Cardiac arrest

DURATION 30 days

Due to

Myocarditis

DURATION 30 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Frank H. Heppner M. D. or other

Address Frederick, Md. Date signed 1946

Elizabeth Heck

VS A15 9-45-15M2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-B

11045

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County: **State Sanatorium, Maryland**
 City or town: (If outside city or town limits, write RURAL and give nearest town)
Since 1/10/44
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 1/10/44**

3. (a) FULL NAME
Eleanor D. Hipsley

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband **J.W.** **Evan Hipsley**

7. Birth date of deceased (mo., day, yr.) **January 23, 1913**
 6. (c) If alive, give age years

8. AGE: Years **33** Months **9** Days **13** If less than one day
 hrs. min.

9. Birthplace **Queen Anne Co., Md.**
 (Town, county, and state)

10. Usual occupation **Social Worker**

11. Industry or business

12. Name **Norman S. Dudley**

13. Birthplace **Maryland**

14. Maiden name **Clara Walls**

15. Birthplace **Maryland**

16. Informant **Deceased**

Address

17. **Unknown** (Burial, cremation, or removal. Which?) Date thereof **Unknown** (month) (day) (year)

Cemetery or crematory **Unknown**

Location **Unknown**

18. Funeral director **Edgar L. Lane**

Address **Church Hill, Md.**

19. **11/5** (Date rec'd by registrar) **1946** **8/10/46** (Date of death)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State	Maryland	County	Carroll
City or town	Sykesville	(If outside city or town limits, write RURAL and give nearest town)	
Street No.	(If rural, give LOCATION)		

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 5** 1946 at **8:35 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 10** 1946 to **Nov. 5** 1946 and that I last saw her alive on **November 5** 1946

Immediate cause of death **Pulmonary Tuberculosis** DURATION **3 Yrs.**

Due to:

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

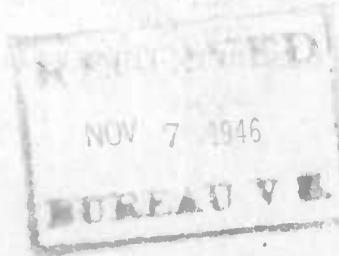
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE **J. B. dyn** M. D. XXXI

Address **State Sanatorium, Md.** Date signed **11/5/46**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-d

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Frederick - Md.

(If outside city or town limits, write RURAL and give nearest town)

60 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

3 mos.

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

m

c

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

2-3-1860

6.(c) If alive, give age _____ years

8. AGE:

Years	Months	Days	If less than one day
86	9	37	hrs. min.

9. Birthplace.....

Virginia

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business

Charles Holland

12. Name.....

MOTHER FATHER

Charles Holland

13. Birthplace.....

Maryland

14. Maiden name.....

Sarah Jolly

15. Birthplace.....

Maryland

16. Informant.....

Records Emergency Hospital

Address.....

West of Frederick - Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof... 12-2-1946

(month) (day) (year)

Cemetery or crematory.....

Fairview Cemetery

Location.....

East of Frederick - Md.

18. Funeral director.....

C. E. Cline & Son

Address.....

Frederick - Md.

19. D. O. L.

(Date rec'd by registrar)

19. H. b.

Elizabeth S. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... 321 E. Church St. (If rural, give LOCATION)

2.(a) If veteran, name war..... none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 30 - 1946 at 9 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 1 1946 to Nov. 30 1946

and that I last saw him alive on Nov. 30 1946

Immediate cause of death.....

Hemiplegia, rt.

DURATION

2 years

Due to.....

Due to.....

Other conditions..... Senility

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard Thomas J. M. D.

M. D. or other

Address..... Frederick, Md. Date signed Dec 21, 1946

RECEIVED

DEC 4 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11047

Reg. Dist. No. 134

1. PLACE OF DEATH: Frederick
 County Emmitsburg, Md
 City or town (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Emmitsburg Ward No. 1
 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 111 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Hranicka

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Johanna Hranicka

7. Birth date of deceased (mo., day, yr.) Jan - 21 - 1857 6(c) If alive, give age 90 years

8. AGE: Years 89 Months 10 Days 5 If less than one day hrs. 00 min. 00

9. Birthplace Prague Austria (Town, county, and state)

10. Usual occupation Shoe manufacturer

11. Industry or business making shoes

MOTHER FATHER

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Joseph Hranicka Jr

Address 3651 Edmonson Ave - Baltimore Md

17. Burial Date thereof Nov 29 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View

Location Emmitsburg Md

18. Funeral director A. L. Allison

Address Emmitsburg Md

19. Nov 29 1946 M. F. Shuff
 (Date rec'd by registrar) (Signature) (Reg. star)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 - 1946 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 11 - 1946 to Nov. 26 - 1946, and that I last saw him alive on Nov 26 - 1946.

Immediate cause of death Progressive Senile Arteriosclerosis DURATION 1926

Due to Chronic interstitial myocarditis Myocardial insufficiency 1941

Due to

Other conditions Chronic Bronchitis 1940

(Include pregnancy within 3 months of death)

Major findings: No operations

Of operations No operation

Of autopsy No autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of 1946

Where did injury occur? No injury (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE George H. Riggs MD M. D. or other MD

Address Emmitsburg Md Date signed Nov 26 1946

RECEIVED

DEC 3 1946

BUREAU 8

11-1035

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-13

11048

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County

Frederick

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/21/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/21/46

3. (a) FULL NAME

Wallace H. Jennewine

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of ~~wife~~ wife

Gladys T. Jennewine

7. Birth date of deceased (mo., day, yr.)

May 26, 1903

6. (c) If alive, give age 40 years

8. AGE:

Years
43Months
5Days
11

If less than one day

hrs. min.

9. Birthplace

Pt. Marion, Pa.

(Town, county, and state)

10. Usual occupation

Meat Cutter

11. Industry or business

MOTHER FATHER

William Jennewine

13. Birthplace

West Virginia

14. Maiden name

Rachel Dickenson

15. Birthplace

West Virginia

16. Informant

Deceased

Address

Unknown

Burial, cremation, or removal. Which?

Burial Date thereof Unknown 4/8/46

(month) (day) (year)

Cemetery or crematory

Unknown Washington, D.C.

Location

Prins Unknown George Co. Md.

18. Funeral director

Warner E. Pumphrey

Address

Silver Spring, Md.

19.

11/8/46

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No. 712 Ritchey Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

225-05-223

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6

1946, at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 21

1946

to Nov. 6

1946

and that I last saw h. im. alive on November 6

1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

13 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Lin

M. D. XXX

Address State Sanatorium, Md. Date signed 11/6/46



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of date of birth is shown on MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4P *

11049
131

FILM No. 108 DEC 11 1946

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

Since Sept. 26, 1946

How long in hospital or institution?

3. (a) FULL NAME

PEARL SMALLEY KENNEY

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

Charles F. Kenney

7. Birth date of deceased (mo., day, yr.)

April 6, 1902

57 years

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

42

2

19

hrs.

min.

9. Birthplace

Spring Valley-Rockland-New York

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Frederick Tailoring Co.

FATHER

12. Name

Zachariah T. Smally

MOTHER

13. Birthplace

Rockland County New York

14. Maiden name

Mary Elizabeth Dykon

15. Birthplace

Rockland County New York

16. Informant

Charles F. Kenney

Address

22 W. 7th St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, which)

Date thereof
(month) (day) (year)

Nov-29-1946

Cemetery or crematory

Bloomfield Cemetery

Location

Bloomfield, New Jersey

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 26 Nov

1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 22 West Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number

219-20-1997

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1946 at 5:30P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept. 26 1946 to Nov. 25 1946

and that I last saw her alive on Nov. 25 1946

1946

Immediate cause of death

Carcinoma, Gall bladder

Metastatic Carcinoma

Due to: Liver

DURATION

1 year

6 months

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Bernard J. Haas* M. D.

M. D. or other

Address: Frederick, Maryland Date signed: 11-26-46

RECEIVED

NOV 27 1946

STREATHAM

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 156

11050

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
County.

City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 4/23/46**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? **Since 4/23/46**

3. (a) FULL NAME

Jesse Lee

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Yellow	Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **July 6, 1929** 6. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
17	4	11	hrs. min.

9. Birthplace **Baltimore, Maryland**
(Town, county, and state)

10. Usual occupation **Student**

11. Industry or business

FATHER 12. Name **Lee Quong**

13. Birthplace **California**

MOTHER 14. Maiden name **Rose Yet**

15. Birthplace **Baltimore, Maryland**

16. Informant **Deceased**

Address **1836 Harlem Ave., Baltimore, Md.**

17. Burial Date thereof **11/20/46**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery **X** Lorraine

Location **Woodlawn, Baltimore Co., Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. **11/18/46** (Date rec'd by registrar) 19.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County

City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)

Street No. **1836 Harlem Ave.**
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 17** 19 46 at **6:25 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 1 23** 19 46 to **Nov. 17** 19 46 and that I last saw h. **1m** alive on **November 17** 19 46.

Immediate cause of death **Pulmonary Tuberculosis** DURATION **13 Mos.**

X **Tuberculous Enteritis** 3 Mos.

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

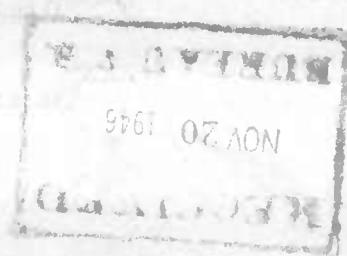
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **J. B. Lynn** M. D. **X**

Address **State Sanatorium, Md.** Date signed **11/18/46**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

11051

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:
County Frederick

City Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Near Wormans Mill

How long in hospital or institution?

3. (a) FULL NAME

RUTH ELIZABETH LENHART

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
-----------------	---------------------------	---

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) September 30, 1928
6. (c) If alive, give age years

8. AGE: Years 18 Months 1 Days 14 If less than one day
hrs. min.

9. Birthplace Buckeystown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

MOTHER FATHER Lewis D. Lenhart, Sr.
12. Name Frederick County Maryland
13. Birthplace Mary L. House

MOTHER Mary L. House
14. Maiden name Montgomery County Maryland
15. Birthplace Lewis D. Lenhart, Sr.

16. Informant R. F. D. #2, Frederick, Md.
Address R. F. D. #2, Frederick, Md.

17. Burial Flint Hill Methodist Cem.
(Burial, cremation, or removal, which)
Date thereof 11/16/46
(month) (day) (year)

Cemetery or crematory R. F. D. #2, Frederick, Md.
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address Elizabeth G. Etchison

19. 15 Nov 1946
(Date rec'd by registrar) Elizabeth G. Etchison
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (b) Social Security Number
212-24-5034

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1946 at 1:30A?

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... er DEAD November 14th, 1946
and that I last saw er DEAD November 14th, 1946

Immediate cause of death

Fractured Skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 14 Nov. 46
Where did injury occur? U.S. #15 Frederick Md.
(City or town) County State

Injured at home, farm, industry, public place (where?) State highwayMeans of injury Auto accident Injured at work? No

23. SIGNATURE Charles L. Corlett Deputy Medical
Examiner M. D. or other

Address Frederick, Maryland Date signed 11-14-46



1-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4701

11/52

Reg. Dist. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 10/9/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 10/9/46

3. (a) FULL NAME

Clarence E. Mallott

4. Sex

Male

5. Color or race

White

B.(a) Single, married, widowed, or divorced

Married

6. (b) Name of wife Goldie G. Mallott

7. Birth date of deceased (mo., day, yr.)

August 4, 1905

6. (c) If alive, give age years

8. AGE:

Years 41

Months 3

Days 13

If less than one day

hrs. min.

9. Birthplace

Shepherdstown, W. Va.

(Town, county, and state)

10. Usual occupation

Auto Mechanic

11. Industry or business

George Mallott

12. Name

?

13. Birthplace

?

14. Maiden name

Effie Kelly

?

15. Birthplace

Maryland

16. Informant

Deceased

Address

R.F.D.1, Sharpsburg, Maryland

17. Unknown

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Unknown 11/20/46

(month) (day) (year)

Cemetery or crematory

Unknown

Bakerville

Location

Unknown

Bakerville - Md

18. Funeral director

Leaf Funeral Home

Address

Williamsport, Maryland

19. (Date rec'd by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

WashingtonCity or town Sharpsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. 1

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17

19.46 11:50P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 9 1946 to Nov. 17 1946

and that I last saw him alive on November 17 1946

Immediate cause of death

Carcinoma of Left Lung

DURATION

6 Mos.

IMM

Metastatic carcinoma of Liver 1 Mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. John E. MallottAddress State Sanatorium, Md. Date signed 11/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Pre-correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1612

CERTIFICATE OF DEATH

11053

1310

Reg. Dist. No.

1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

10 hours

3. (a) FULL NAME

John Rogers

Baby Boy Maloney

5. Color or race

6. (a) Single, married, widowed, or divorced

M. W. Infant

6. (b) Name of husband or wife

Mrs. Edna L. Maloney

7. Birth date of deceased (mo., day, yr.)

November 29, 1946

6. (c) If alive, give age

years

8. AGE:

Years Months Days If less than one day

0 0 0 10 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

Dr. William P. Maloney

12. Name

Dr. William P. Maloney

13. Birthplace

Baltimore, Maryland

14. Maiden name

Mrs. Edna Lenee Barth

15. Birthplace

Baltimore, Maryland

16. Informant

Dr. William P. Maloney

Address

Dr. A. J. May, Maryland

17. Burial

(Burial, cremation, or removal, which)

Date thereof

Dec. 2, 1946

(month) (day) (year)

Cemetery or crematory

Morgan Chapel

Location

Woodland, Maryland

18. Funeral director

J. M. Snyder

Address

Mt. airy - Maryland

19. Date rec'd by registrar

1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Carroll

City or town

New Windsor, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 30, 1946 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 29th 1946 to Nov. 30, 1946

and that I last saw him alive on Nov. 29, 1946

Immediate cause of death

asphyxia

DURATION

10 hrs

Due to

congenital defect

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Stanley Grubill

M. D. or other

Address

Montgomery, Md.

Date signed

11/30/46

RECEIVED

DEC 4 1946

SEARCHED

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 141

11054

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

5 yrs.

Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Samuel Mollow Marker

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Catharine Fisher

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.)

Feb. 3rd 1899

8. AGE:

Years 47

Months 9

Days 17

If less than one day

hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

B. O. P. R. Engineer

11. Industry or business.....

Transportation

12. Name.....

James Howard Marker

13. Birthplace.....

Maryland

14. Maiden name.....

Linnie Anna Fayer

15. Birthplace.....

Maryland

16. Informant.....

Address

Burial Date thereof Nov. 24 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Reformed

Location.....

Knoxville Md

18. Funeral director.....

C. H. Fetters & Bro

Address

Brunswick Md

19. 11-24 1946 Eugenia H. Burke

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Knoxville (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 24 1946 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1 1946 to Nov. 20 1946

and that I last saw h. m. alive on Nov. 20 1946

Immediate cause of death.....

acute congestive heart failure

DURATION

7

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

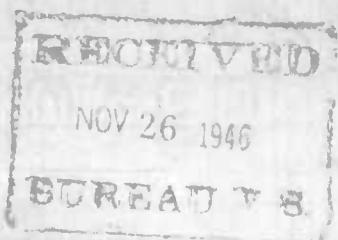
23. SIGNATURE.....

H. B. Carpenter

M. D. or other

Address..... Lorettaville, Va. Date signed 11/22/46

H. B. Carpenter



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11056

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural

City

Town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1 Day

3. (a) FULL NAME

HOWARD FRANCIS MILBERRY

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November 5, 1946

8. AGE:

0

0

0

19

hrs.

If less than one day min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name Lawrence Melvin Milberry, Jr.

13. Birthplace Frederick County Maryland

14. Maiden name Viola Virginia Lee

15. Birthplace Frederick County Maryland

16. Informant

Mrs. Viola Milberry

Address

Doubs, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/7/46

(month) (day) (year)

Cemetery or crematory

Colored Cemetery

Location

Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. b Mrs.

19. b

(Date rec'd by registrar)

Elizabeth L. Hecke.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City Town Doubs

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6th, 1946, at 6:50A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 1946 to Nov 6 1946

and that I last saw h. alive on

Immediate cause of death

19.

Premature 7 month

Exhaustion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Faloney M. D.

M. D. or other

Frederick, Maryland Date signed 11-6-46

Address

NOV 8 1946

BUREAU OF

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

CERTIFICATE OF DEATH

Reg. Dist. No.

11055

131

1. PLACE OF DEATH: FrederickCounty Frederick-RuralCity or town (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 DayHospital, institution, or street address where death occurred: Emergency HospitalHow long in hospital or institution? 1 Day

3. (a) FULL NAME

JOHN FRANCIS MILBERRY

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 5, 1946 B. (c) If alive, give age years8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hrs. min.9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Lawrence Melvin Milberry, Jr.13. Birthplace Frederick County Maryland14. Maiden name Viola Virginia Lee15. Birthplace Frederick County Maryland16. Informant Mrs. Viola MilberryAddress Doubs, Maryland17. Burial Colored Cemetery Date thereof 11/7/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Point of Rocks, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, MarylandAddress Elizabeth G. Hock19. (Date rec'd by registrar) 19-46 Registrar Elizabeth G. Hock

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Doubs (If outside city or town limits, write RURAL and give nearest town)Street No. None (If rural, give LOCATION)2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1946 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 1946 to Nov 5 1946and that I last saw h.....alive on Nov 5

Immediate cause of death

Congestive HeartExhaustion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Milberry M. D.

D. or other

Address Frederick, Maryland Date signed 11-6-46

PROFESSOR

NOV 8 1946

RECEIVED

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

11057

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County: Frederick

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

3. (a) FULL NAME

Ethel Irene Mort

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married

Spencer E Mort

6. (b) Name of husband: Spencer E Mort

7. Birth date of deceased (mo., day, yr.): July 24, 1891

8. AGE: 55 Years 4 Months 3 Days If less than one day: hrs. 00 min.

9. Birthplace: Lewistown. Fredk Co. MD

10. Usual occupation: Housewife

11. Industry or business: Own Home

12. Name: Grant U. Frushour

13. Birthplace: Lewistown MD

14. Maiden name: Catherine R. Main

15. Birthplace: Lewistown MD

16. Informant: Curtis Mort
Thurmont. Md. R.F.D.

Address

17. Burial: Burial Date thereof: Nov. 30, 1946
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory: Utica Cem.

Location: Utica. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.

Address: Thurmont. MD.

19. 29 Nov. 1946 (Date rec'd by registrar) Elizabeth G. Heck (Signature) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Lewistown (If outside city or town limits, write RURAL and give nearest town)

Street No.: No (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 30, 1946 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw him alive on 19.

Immediate cause of death:

Cerebral hemorrhage DURATION: 1 day

Due to:

Arteriosclerosis

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

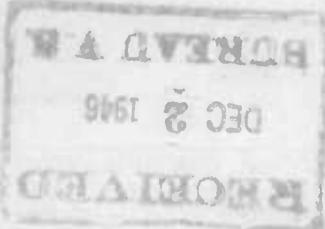
Means of injury

Injured at work?

23. SIGNATURE: G. A. Pearce, M.D.

M. D. or other

Address: Frederick, Md. Date signed: _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11058
B1811058
131

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Adamstown - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Years
Hospital, institution, or street address where death occurred:
Near Adamstown
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Adamstown - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Near Adamstown
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME
MARY FLORENCE MOSSBURG

4. Sex: F	5. Color or race: W	6. (a) Single, married, widowed, or divorced: S
-----------	---------------------	---

6.(b) Name of husband or wife:.....

7. Birth date of deceased (mo. day. yr.): September 2, 1869

8. AGE: Years 77 Months 2 Days 11 If less than one day hrs. min.

9. Birthplace: Lime Kiln-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business: William H. Mossburg

MOTHER FATHER
12. Name: Frederick County Maryland

13. Birthplace: Dorcus Ellen Keller

14. Maiden name: Frederick County Maryland

15. Birthplace: Mrs. Lewis M. Cutsail

16. Informant: Adamstown, Maryland

17. Burial: Date thereof: 11/15/46
(Burial, cremation, or removal, which?) Mount Olivet Cemetery

Cemetery or crematory: Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 13 Nov 1946
(Date rec'd by registrar) Elizabeth J. Tech.
Registrar

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13, 1946, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1946, to Nov. 13, 1946, and that I last saw her alive on Nov. 12, 1946.

Immediate cause of death: Malaria
DURATION: 7 days

Due to: Chronic pulmonary nephritis
DURATION: 7 days

Due to: Chronic pulmonary nephritis
DURATION: 7 days

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of...

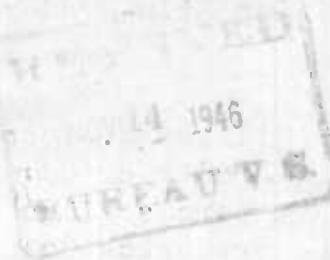
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: B. O. Thomas, M.D.

M. D. or other: Address: Frederick, Maryland Date signed: 11-13-46



1-35

11467
159
Death

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF ~~STILL~~ BIRTH

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

Reg. Dist. No. 1312

1. PLACE OF BIRTH:

County

Frederick

City or town

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

Emergency Hospital

Length of mother's stay in County

(How many years, or months, or days) SPECIFY WHICH

6 yrs.

3. Name of child

George Edward Newman

4. Sex

Male

5. Twin or triplet

FATHER OF CHILD

George Edward Newman

8. Full name

Colored

9. Color

10. Age at time of this birth

29 yrs.

11. Usual occupation

Labour

16. Other children born to mother (not including present child): (a) How many children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many other children were born dead?

17. Did child die before labor?

no

During labor?

no

18. Pregnancy, complications of

no

19. Labor: (a) Complications of

no

(b) Induced?

20. (a) Was there an operation for delivery?

no

(Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

no

During operation?

23. (a) Burial

(b) Date thereof

(Burial, cremation or removal)

(Month) (day) (year)

(c) Cemetery or crematory

Montevue Cem.

24. (a) Funeral director

G. C. Mort. Serv.

(b) Address

Montevue Mort. Serv. Co.

2. USUAL RESIDENCE OF MOTHER:

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

24 A- Westell Avenue

(If RURAL give LOCATION)

4. Date of birth

Nov. 24 1946

Hour. 10:20 A.M.

7. No. of weeks pregnancy

24

MOTHER OF CHILD

Pearl Savannah Fisher

12. Full maiden name

13. Color

Colored

14. Age at time of this birth

29 yrs.

15. Usual occupation

Housewife

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes

Unknown

(b) Maternal causes

"

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature

Bernard Human, M.D.

(Specify if M. D., midwife, or other)

Address

Frederick, MD

25. (a) Date rec'd by registrar

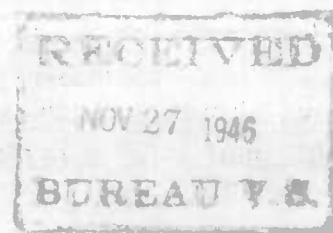
Dec. 1 1946

(Registrar)

26. (To be filled out if no physician was present at delivery.)

The above certificate has been examined by me.

Health Officer, per



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4-6+

CERTIFICATE OF DEATH

11059

1310

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Frederick

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 weeks

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

5 weeks

3. (a) FULL NAME

Mr. James G. Parsley.

4. Sex:

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Elizabeth Parsley

7. Birth date of deceased (mo., day, yr.)

1-18-1893

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

53

10

3

hrs.

min.

9. Birthplace

Howard Co. Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

12. Name

James Parsley

13. Birthplace

Howard Co. Md.

14. Maiden name

Annie Cuit

15. Birthplace

Howard Co. Md.

16. Informant

Mrs. Elizabeth Parsley

Address

Lacieburg - Md.

17. Burial

Date thereof 11-24-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Montevue Cemetery

Location

Howard Co. Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick - Md.

19. 22 Nov

1946

(Date rec'd by registrar)

Elizabeth H. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Frederick

City or town

Lacieburg (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 21

1946 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 10

1946 to Nov 21 1946

and that I last saw h. her alive on Nov 21 1946

18. X 6

Immediate cause of death

Carcinoma of Stomach

Due to

—

Due to

—

Other conditions

—

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma

Date of op. Nov 10

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. P. J. H. Heck

M. D. or other

Address

Frederick - Md.

Date signed Nov 21 1946

RECEIVED

NOV 23 1946

SURFACE

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-B

11060

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 6/9/45

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 6/9/45

3. (a) FULL NAME

Stephen A. Petett.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Ethel Petett

7. Birth date of deceased (mo., day, yr.)

April 13, 1897

8. (c) If alive, give age 47 years

8. AGE:

Years

Months

Days

If less than one day

49

7

2

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Stationery Engineer

11. Industry or business

MOTHER FATHER

James Petett

13. Birthplace

Virginia

14. Maiden name

Agnes Lewis

15. Birthplace

Maryland

16. Informant

Deceased

Address

Unfinished

17. Burial

Date thereof 11/25/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or place

Baltimore National

Location

Baltimore, Maryland

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. Date rec'd by registrar

11/23/46

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3459 Keswick Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

216-03-5921

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22

1946 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9 1945 to Nov. 22 1946

and that I last saw him alive on November 22 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

22 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

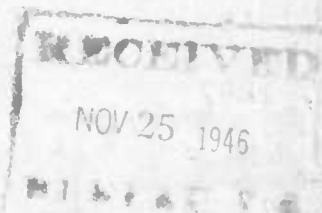
Means of injury Injured at work?

23. SIGNATURE

J. B. Lynn

M. D. ~~XXXXX~~

Address State Sanatorium, Md. Date signed 11/22/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

CERTIFICATE OF DEATH

111610
Reg. Dist. No. 1116101. PLACE OF DEATH:
County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution?

3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 327 East Patrick Street

(If rural, give LOCATION)
World War II

3. (a) FULL NAME

ALBERT ROWLAND PFEIFFER, JR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 28, 1926
8. (c) If alive, give age years

8. AGE: Years 20 Months 7 Days 16 It less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Albert R. Pfeiffer, Sr.
13. Birthplace Maryland14. Maiden name Ruth B. Seeger
15. Birthplace Frederick County Maryland16. Informant Mrs. Ruth Pfeiffer
Address Washington, D. C.17. Burial Date thereof 11/16/46
(Burial, cremation, or removal, where?) Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland
18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 hrs Date rec'd by registrar 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on November 14, 1946

Immediate cause of death

Multiple fractures of
base & left portion of skull

DURATION

3 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? U.S. #15 Frederick, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State highway

Means of injury Auto accident Injured at work? No

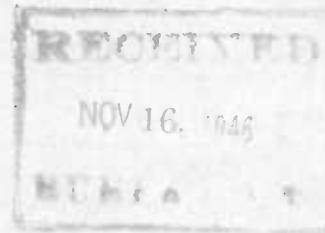
Deputy Medical Examiner

M. D. or other

11-14-46 Date signed

Address

Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

110620
131

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #4

City or town

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Feagerville

How long in hospital or institution?

3. (a) FULL NAME

HARRY COLUMBUS POOLE

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Etta Recker

7. Birth date of deceased (mo., day, yr.)

May 6, 1879

6.(c) If alive, give age years

65

8. AGE:

67

Years

Months

Days

If less than one day

6 6

hrs.

min.

9. Birthplace

Nr. Feagerville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

12. Name

George Poole

MOTHER FATHER

Frederick County Maryland

13. Birthplace

Mary Englebower

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Etta Poole

16. Informant

R.F.D. #4, Frederick, Maryland

Address

17. Burial

Date thereof 11/15/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery

St. Lukes Cemetery

Location

Feagerville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 14 Nov

1946

(Date rec'd by registrar)

Elizabeth G. Heek.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

Frederick

County

Frederick-Rural R. F. D. #4

City or town

(If outside city or town limits, write RURAL and give nearest town)

Near Feagerville

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

VFW

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 12, 1946, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17 1946 to Nov 11 1946

and that I last saw h... alive on Nov 11 1946

Immediate cause of death

Acute Myocardial
decompensation

Due to Chronic Myocarditis

Due to Obesity & Chronic
nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

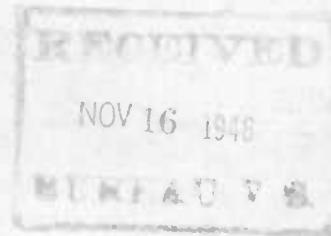
23. SIGNATURE

A. L. L. B. M. D.

M. D. or other

Jefferson, Maryland

Date signed 11-13-46



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 892

CERTIFICATE OF DEATH

Reg. Dist. No. 1441

11063

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

20 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Catherine Roeger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Morris J. Roeger

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.)

Feb 28 1872

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Dr John J. Henshaw

12. Name

John J. Henshaw

13. Birthplace

Maryland

14. Maiden name

Margaret (Hanes) Henshaw

15. Birthplace

Maryland

16. Informant

Miss Grace Henshaw

Address

Henshaw

17. Burial

Cremation

(Burial, cremation, or removal. Which?)

Date thereof Nov 3 1946
(month) (day) (year)

Cemetery or crematory United Brethren

Location

Thurmont

18. Funeral director

A. J. Willhicks

Address

Thurmont

19. Nov. 3 1946

(Date rec'd by registrar)

Nov. 3

1946

John J. Prowell

Deputy Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 22 1946, to October 31 1946

and that I last saw her alive on Oct 31 1946

Immediate cause of death Cerebral hemorrhage

Hemiplegia

DURATION 6 weeks

Due to Chronic Arterial Sclerosis 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Morris J. Bixby M.D.

M. D. or other

Address Thurmont Md Date signed Nov 3 1946

ATTACH TO TELETYPE STATE TELEGRAM

PTA 200000 25 APR 1946

RECEIVED 24 APR 1946 1000

RECEIVED 24 APR 1946

ATTACHMENT INDEX



2-1440

1-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *137*

CERTIFICATE OF DEATH

11463

Reg. Dist. No. 137

1. PLACE OF DEATH: Frederick
County, Central
City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County, Frederick
State, Central
City or town. (If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. 1, Frederick
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME

EPPA CLIFTON ROYSTON

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced
Married
M. Margaret Royston

6.(b) Name of husband or wife..... 64
7. Birth date of deceased (mo., day, yr.) Jan. 29, 1878
8. AGE: Years 68 Months 9 Days 27 If less than one day
..... hrs. min.

8. AGE: Years 68 Months 9 Days 27 If less than one day
..... hrs. min.
9. Birthplace Virginia
(Town, county, and state)
School Bus Operator

10. Usual occupation
11. Industry or business

George C. Royston
12. Name Virginia
13. Birthplace Secy A. Lawler

14. Maiden name Virginia
15. Birthplace Mrs. M. Margaret Royston

16. Informant R.D. 1 Frederick, Md.
Address

17. Burial Date thereof 11-29-46
(Burial, cremation, or removal, which) (month) (day) (year)
Glenwood Cemetery or cemetery

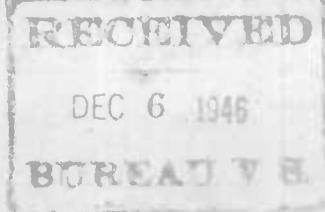
Location Washington, D. C.
18. Funeral director C. M. Waltz
Address Winfield, Maryland

19. *11-27446* Date rec'd by registrar
Address

MEDICAL CERTIFICATION			
20. DATE OF DEATH	Nov. 26, 1946	at	4:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 1946 to Nov. 26 1946 and that I last saw her <i>in</i> alive on Nov. 25 1946			
Immediate cause of death	<i>Uraemia, Nephritis</i>		
Due to	<i>Chronic Nephritis</i>		
Due to	<i>Enlarged Heart</i>		
Other conditions	<i>Bronchitis</i>		
(Include pregnancy within 3 months of death)			
Major findings of operations			
Date of op.			

Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE *Otis B. Stone*
Address *Liberty Town Md* M. D. or other *Nov 26*
Date signed



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-1

11064

CERTIFICATE OF DEATH

Reg. Dist. No. 1350

1. PLACE OF DEATH:

County Frederick

City or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella D. Schroyer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife John T. Schroyer

7. Birth date of deceased (mo., day, yr.)

10-11-1874 6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day
72 1 4 hrs. min.

9. Birthplace

Myersville Frederick County, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Jacob Durin

12. Name

Jacob Durin

13. Birthplace

Myersville, MD.

14. Maiden name

Katherine Bowman

15. Birthplace

Washington County, Md.

16. Informant

Katherine Stine

Address

Middletown, Md.

17. Burial

Date thereof Nov. 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

U.D. Cemetery

Location

Pleasant Walk, Myersville, Rural

18. Funeral director

Black Hill Co.

Address

Middletown, Md.

19. Nov. 18, 1946

(Date rec'd by registrar)

Charles L. Leatherman
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Frederick

City or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1946, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1, 1946, to Nov. 15, 1946

and that I last saw her alive on Nov. 12, 1946

Immediate cause of death

Chronic Hypertension.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. Day, M.D.
M. D. or other
Address Roanoke
Date signed Nov. 16, 1946

1946

1946

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11065

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: **Frederick**
 County: **State Sanatorium, Maryland**
 City or town: **(If outside city or town limits, write RURAL and give nearest town)**
 How long in above place of death? **Since 10/31/46**
 Hospital, institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution? **Since 10/31/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Anne Arundel**
 City or town: **Gambrills** **(If outside city or town limits, write RURAL and give nearest town)**
 Street No. **(If rural, give LOCATION)**
 2.(a) If veteran, name war.

3. (a) FULL NAME
Grover Sears
 4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of ~~wife~~ wife: **Eugie Sears**
 7. Birth date of deceased (mo., day, yr.) **August 24, 1884** 6.(c) If alive, give age **59** years
 8. AGE: **62** Years **2** Months **17** Days If less than one day **hrs.** **min.**
 9. Birthplace: **Calvert County, Md.** (Town, county, and state)
 10. Usual occupation: **Farmer**
 11. Industry or business
 MOTHER FATHER **Bucks Sears**
 12. Name: **Calvert County, Md.**
 13. Birthplace: **Harriet Ann Dorsey**
 14. Maiden name: **Salisbury, Md.**
 15. Birthplace: **Eugie Sears (Wife)**
 16. Informant: **Gambrills, Maryland**

17. **Unknown** (Burial, cremation, or removal. Which?) Date thereof: **Unknown** 11/13/46
 (month) (day) (year)
 Cemetery or crematory: **Fort Unknown** Location: **Lincoln Cem.**
 Location: **Princ. George Unknown Co. Md.**
 18. Funeral director: **M. L. Creager & Son**
 Address: **Thurmont, Maryland**
 19. **11/7/46** (Date rec'd by registrar) 19. **11/10/46** (Date signed) Registrar: **J. B. Lynn**

3. (b) Social Security Number **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 10** 19. **46** at **5:00A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 31** 19. **46** to **Nov. 10** 19. **46** and that I last saw h. **im** alive on **November 10** 19. **46**

Immediate cause of death: **Pulmonary Tuberculosis**

DURATION **2 Yrs.**

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 8 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: _____ Date of: _____

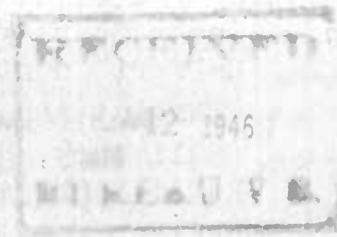
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: **J. B. Lynn** M. D. or _____

Address: **State Sanatorium, Md.** Date signed: **11/10/46**



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-21

CERTIFICATE OF DEATH

11066

Reg. Dist. No.

134

1. PLACE OF DEATH: **Fredrick**
 County: **Emmitsburg, md.**
 City or town: **Emmitsburg, md.** (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **60 years**

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Sellers

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	white	widower

B. (b) Name of **wife**: **E, Kate Rowe**7. Birth date of deceased (mo., day, yr.): **January 14, 1867** 6. (c) If alive, give age: **years**

8. AGE: Years	Months	Days	It less than one day
79	10	6hrs.min.

9. Birthplace: **Adams Co, Pa.** (Town, county, and state)10. Usual occupation: **Clerk**11. Industry or business: **General Store**12. Name: **Henry Sellers**13. Birthplace: **Adams Co, Pa.**14. Maiden name: **Catherine Swartz**15. Birthplace: **Adams Co, Pa.**16. Informant: **Helene E. Allison**
Address: **Emmitsburg Md.**17. burial: **November 22** 1946
(Burial, cremation, or removal, Which?) Date thereof: (month) (day) (year)
Cemetery or crematory: **Mt View Cemetery**Location: **Emmitsburg Md.**18. Funeral director: **S. L. Allison**
Address: **Emmitsburg, Md.**19. **Nov 21 1946** **M. H. Sherriff**
(Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: **Maryland** County: **Fredrick**
 City or town: **Emmitsburg** (If outside city or town limits, write RURAL and give nearest town)
 Street No.: **421 west Main St.** (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

220-05-6022

MEDICAL CERTIFICATION

20. DATE OF DEATH: **November 20 1946**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 15 1946** to **Nov. 20 1946** and that I last saw him alive on **November 19 1946**

Immediate cause of death:

CarcinomatosisDue to: **Carcinoma of larynx** 14 mos. DURATION: 2 mos.

Due to:

Other conditions: **myocarditis, chronic** ?

(Include pregnancy within 3 months of death)

Major findings of operations: **carcinoma of larynx** Date of op: **July 1946**

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: **M. Franklin Bush M.D.** M. D. or other
Address: **Hanover Rd.** Date signed: **Nov. 20 1946**

RECEIVED

NOV 26 1946

BUREAU V S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11067

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County

Frederick

City

Frederick

Dwelling

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Elizabeth Shrader

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white, w/colored

8. (b) Name of husband or wife

John S. Shrader

7. Birth date of

deceased (mo., day, yr.)

April 2. 1862

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

84

7

8

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

House keeper

11. Industry or business

Schudy

12. Name

Schudy

13. Birthplace

Hagerstown

14. Maiden name

" "

15. Birthplace

" "

16. Informant

Lauran

Jelller

Address

R. 7. S. #2

Frederick Md.

17. Burial

(Burial, cremation, or removal, where?)

Date thereof (month) (day) (year)

Cemetery or crematory

Prince Church Cemetery

Location

Waynesboro, Pa.

L. F. Peeler

18. Funeral director

Funkestown, Md.

Address

Elizabethtown, Pa.

19. M. A. R. No.

19-45-46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Frederick, Md. 2.

(If rural, give LOCATION)

2.(a) If veteran, name war

L

(If rural, give LOCATION)

L

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1946 at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 Nov. 10 to Nov. 1946

and that I last saw her alive on Nov. 5 1946

Immediate cause of death

Chronic Bronchitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Howard W. Clark M.D.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

11068

CERTIFICATE OF DEATH

Reg. Dist. No. 1316

1. PLACE OF DEATH:

County..... Frederick
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

114 West 5th. St.

How long in hospital or institution?

3. (a) FULL NAME

JAMES LEWIS CHESTER SIMMONS

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife..... Ruth Sheffield

7. Birth date of deceased (mo., day, yr.) September 15-1898

8. AGE: Years Months Days If less than one day
48 1 23 hrs. min.9. Birthplace..... Burkittsville-Frederick Co. Md.
(Town, county, and state)

10. Usual occupation..... Grocer

11. Industry or business

12. Name..... Lewis Simmons
13. Birthplace..... Loudon County- Virginia
14. Maiden name..... Ida Painter
15. Birthplace..... Loudon County- Virginia

16. Informant..... Mrs. J. L. C. Simmons

Address 114 W. 5th. St.- Frederick, Md.
17. Burial Date thereof Nov. 9-1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Md.

19. 8 Nov 1946 19. 46..... Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 114 West 5th. St.

(If rural, give LOCATION)

2. (a) If veteran, name war..... None

3. (b) Social Security Number

217-10-0026

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7th. 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 7 1946 to Nov 7 1946

and that I last saw him alive on Nov 7 1946

Immediate cause of death.....

Cerebral hemorrhage
(Hemorrhage)

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Data of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

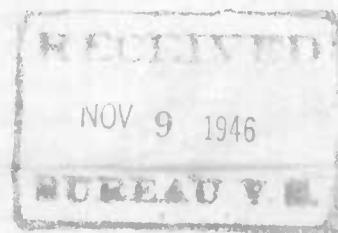
Means of injury.....

Injured at work?

23. SIGNATURE..... B. D. Thomas

M. D. or other

Address..... Frederick, Md. Date signed 11/8/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11069
83-2

CERTIFICATE OF DEATH

Reg. Date No. 1370

1. PLACE OF DEATH:

Frederick
91st Army Route 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Edward Smith

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Laura Alice Smith

7. Birth date of deceased (mo., day, yr.) October 23 1867

8. AGE: Years Months Days If less than one day
79 0 15 hrs. min.9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Anthony Smith

13. Birthplace Maryland

14. Maiden name Susan Gross

15. Birthplace Maryland

16. Informant John D. Wells Smith

Address 91st Army Rd, R. 2

17. Burial Date thereof Nov 10, 1986
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill Cemetery

Location Maryland

18. Funeral director Howell & Hartley

Address Libertytown & Woodsboro Rd.

19. M. I. O. 45 An Owyer
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town 91st Army Route 2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Maryland Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1986 at 1:30 PM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1946 to Nov 8 1986
and that I last saw him alive on Nov 8 1986.Immediate cause of death
Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE

M. O. or other

Address.....

Date aligned.....



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

CERTIFICATE OF DEATH

Reg. Dist. No. 1137B

1. PLACE OF DEATH: Frederick
 County: Frederick
 City or town: Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick County Home

How long in hospital or institution?

3. (a) FULL NAME
Samuel C. Snyder

4. Sex: M 5. Color or race: white 6. (a) Single, married, widowed, or divorced:
widowed

6. (b) Name of husband or wife: Mollie Snyder7. Birth date of deceased (mo., day, yr.): 18578. AGE: About 89 Years 0 Months 0 Days If less than one day
0 hrs. 0 min.9. Birthplace: Washington Co. Md.
 (Town, county, and state)10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER 12. Name: unknown13. Birthplace: unknown14. Maiden name: unknown15. Birthplace: unknown16. Informant: R. W. NorwoodAddress: mt. airy17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Nov. 13, 1946
 (month) (day) (year)Cemetery or crematory: Rose HillLocation: Frederick, Md.18. Funeral director: H. M. SnyderAddress: mt. airy19. 12 Nov. 1946 1946
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Frederick
 City or town: Frederick If outside city or town limits, write RURAL and give nearest town
 Street No: Plumne No. 4 (If rural, give LOCATION)

2. (a) If veteran, name war: None3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1946 at 11:45A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from son. 1 1946 to Nov. 11 1946 and that I last saw him alive on Nov. 11 1946.Immediate cause of death: Cerebral hemorrhage DURATION 1 day

Due to:

Due to:

Other conditions: sevility (Include pregnancy within 8 months of death)

Major findings or operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Bernard James Jr. M.D. M. D. or other: _____Address: Frederick, Md. Date signed: Nov. 11, 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 7410

11071

1. PLACE OF DEATH:

County

City or town

Frederick

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David Tilman

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Emma Williams

7. Birth date of deceased (mo., day, yr.)

May 26, 1888

(6. c) If alive, give age years

8. AGE:

58 Years 6 Months 3 Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

B. O.P. - Carpenter

11. Industry or business

William Spriggs

12. Name

MOTHER FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. 12-4

(Date rec'd by registrar)

Date thereof

(month) (day) (year)

M. E.

Belvoir Md Knoxville

C. A. Fife Bw

Baltimore Md

Eugenia H. Burke

1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

Veteran of World War I

3. (b) Social Security Number

Spriggs

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 29 1946 at 70

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 1946 to Feb 29 1946

and that I last saw him alive on Feb 29 1946

Immediate cause of death.

Rheumatic Heart Disease

DURATION

Due to.

Due to.

Other conditions.

Hypertension

Chronic

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

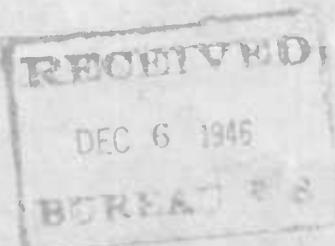
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature M. D. or other

Address Date signed



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

11072

CERTIFICATE OF DEATH

Reg. Distr. No. 135

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Rural - Myersville

38 yrs

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie Marker

Stottlemeyer

74

years

7. Birth date of

deceased (mo., day, yr.)

March 12, 1872

8. AGE:

Years

Months

Days

If less than one day

74

8

7

hrs.

min.

9. Birthplace

Middlepoint

Frederick Co. Md.

(town, county, and state)

Minister

10. Usual occupation

11. Industry or business

Grosnickles Church of Brethren

Joseph Stottlemeyer

12. Name

Maryland

Amanda Grossnickles

13. Birthplace

Maryland

14. Maiden name

Maryland

Mrs. Annie Stottlemeyer

15. Birthplace

Maryland

16. Informant

Myersville, Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Grosnickles

Location

N.W. Myersville Md.

18. Funeral director

Paul F. Bittle

Address

Myersville, Md.

Nov. 21

19. Date rec'd by registrar

1946

Charles E. Leatherman

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Rural - Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

W. Grossnickles Church

(If rural, give LOCATION)

3. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 19

1946

at 5 P.M.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 19

1946

to Nov 19

1946

and that I last saw him alive on Nov 19

1946

Immediate cause of death

Coronary thrombosis

loss

DURATION

few minutes

further

years

Due to

Arterio - sclerosis

several

years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. V. Stott

M.D.

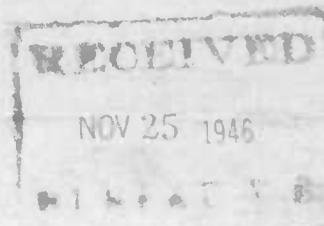
M. D. or other

Address

Myersville Md.

Date signed

Nov. 29 1946



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

11074

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

Frederick

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

City or town Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

506 North Bentz Street

How long in hospital or institution?

3. (a) FULL NAME

ANNA ELIZABETH THOMPSON

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Walter K. Thompson

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.)

November 25, 1909

8. AGE:

Years

Months

Days

If less than one day

37

0

5

.hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER Benjamin Makel

12. Name

13. Birthplace Frederick County Maryland

MOTHER MOTHER

14. Maiden name Georgianna Barnes

15. Birthplace

Frederick County Maryland

16. Informant

Walter K. Thompson

Address

506 N. Bentz St., Frederick, Md.

17. Burial

(Burial, cremation, or removal: Which?)

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

3-10-46

(Date rec'd by registrar)

Elizabeth G. Tech.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 506 North Bentz Street

(If rural, give LOCATION)

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 30, 1946, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 7, 1946, to Nov. 30, 1946

and that I last saw her alive on Nov. 22, 1946

Immediate cause of death

Tuberculosis-enteritis

Due to tuberculosis-enteritis

and septicemia.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. R. Schowman M. D.

M. D. or other

Frederick, Maryland Date signed 12-2-46

RECEIVED

DEC 4 1946

BIBLIOTEC

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

11073

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH: Frederick
 County: Jefferson
 City or town: Life (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Frederick
 City or town: Jefferson (If outside city or town limits, write RURAL and give nearest town)
 Street No.: None (If rural, give LOCATION)
 2.(a) If veteran, name war: None

3. (a) FULL NAME
 ELLA VIRGINIA THRASHER
 4. Sex: F 5. Color or race: W 6. (a) Single, married, widowed, or divorced: W
 6. (b) Name of husband or wife: William J. Thrasher
 7. Birth date of deceased (mo. day, yr.): December 19, 1865 6. (c) If alive, give age: years
 8. AGE: Years: 80 Months: 11 Days: 6 If less than one day: hrs. min.
 9. Birthplace: Nr. Jefferson-Frederick-Maryland (Town, county, and state)
 10. Usual occupation: At Home
 11. Industry or business:
 12. Name: Frederick Miller
 13. Birthplace: Germany
 14. Maiden name: Lydia Darner
 15. Birthplace: Frederick County Maryland
 16. Informant: Mrs. Harry S. Schamel
 Address: Jefferson, Maryland

17. Burial: Burial Date thereof: 11/27/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or St. Pauls Cemetery
 Location: Jefferson, Maryland
 18. Funeral director: M. R. Etchison and Son
 Address: Frederick, Maryland
 19. 26 Mar. 1946. Elisabeth J. Hecke
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number: None
 MEDICAL CERTIFICATION
 20. DATE OF DEATH: November 25, 1946 at 2:40 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25, 1946 to Nov 25, 1946 and that I last saw her alive on Nov 23, 1946.
 Immediate cause of death: Pneumonia, edema DURATION: 5 m
 Due to: Myocardial decompensation acute 3 days 5
 Due to: Senile Diabetes 10 yrs
 Other conditions:
 (Include pregnancy within 8 months of death)
 Major findings of operations:
 Date of op.
 Autopsy results:
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: Date of:
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury: Injured at work?
 23. SIGNATURE: M. D. Price M. D. or other: M. D.
 Address: Frederick, Maryland Date signed: 11-26-46

RECEIVED

NOV 27 1946

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

CERTIFICATE OF DEATH

11075

Reg. Dist. No.

131

1. PLACE OF DEATH:

Frederick

County

Jefferson- Rural

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Jefferson

How long in hospital or institution?

3. (a) FULL NAME

IDA VIRGINIA TRITAPOE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 3, 1867

6. (c) If alive, give age

years

8. AGE: Years Months Days If less than one day

79

6

26

hrs.

min.

9. Birthplace Loudoun County Virginia

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Samuel E. Tritapoe

13. Birthplace Loudoun County Virginia

14. Maiden name Sarah E. Vincell

15. Birthplace Loudoun County Virginia

16. Informant Mrs. Arthur R. Poffinberger

Address Jefferson, Md. - Rural

Burial

17. (Burial, cremation, or removal. Which) Date thereof 12/2/46

(month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 1946

(Date rec'd by registrar)

Elizabeth H. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Frederick

City or town Jefferson-Rural

(If outside city or town limits, write RURAL and give nearest town)

Near Jefferson

Street No. (If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1946, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 28, 1946, to Nov 29, 1946

and that I last saw her alive on Nov 29, 1946

Immediate cause of death

Acute Uraemia

Due to Nephritis; known only for two weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp

M. D.

Address Phaedlow Date signed 11-30-46

RECEIVED

DEC 4 1946

BOSTON 3-3-3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11076

Rag. Dist. No. 141

1. PLACE OF DEATH:

County

Frederick (Rural Brunswick (Rosenmont)

City or town (If outside city or town limits, write RURAL and give nearest town)

Rural Brunswick (Rosenmont)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

Rosenmont

How long in hospital or institution?

3. (a) FULL NAME

Ira Overton Waltz

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Lillie Shaw

7. Birth date of deceased (mo., day, yr.)

Jan 13 1885

8. (c) If alive, give age 59 years

8. AGE:

Years Months Days If less than one day

61

10

12

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

B.R.R. Conductor

11. Industry or business

Oscar Waltz

12. Name

Mary Waltz

13. Birthplace

Maryland

14. Maiden name

Mary Zimmerman

15. Birthplace

Maryland

16. Informant

Mrs. Lillie Shaw-Waltz

Address

Frederick Md.

17. Burial

Burial

Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Mt. Olivet

Location

Frederick Maryland

6. H. Feet & Son

18. Funeral director

Address

Frederick Md.

Mar 27

1946 Eugenia H. Barker

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Rural Brunswick (Rosenmont)

Street No. Rosenmont

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 25 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 25 1944 to Nov 25 1946

and that I last saw h.e. m. alive on Nov 24 1946

Immediate cause of death

Acute Myocarditis

DURATION

10 days

Due to Inflammation of heart muscle

Pulmonary Occlusion

Due to Occlusion of coronary

Vessels

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

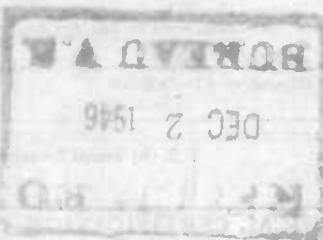
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. Thomas Shattox M.D. or other

Address Brunswick Md. Date signed Nov 26 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

11077

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FREDERICKCity or town RURAL - HARMONY GROVE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

FREDERICK CITY HOSPITAL

How long in hospital or institution?

30 MIN. (?)

3. (a) FULL NAME

(WELSH)

Pearl Virginia Welsh

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

married

6. (b) Name of husband or wife

Paul Welsh

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

32

years

February 15 - 1867

8. AGE:

Years

Months

Days

11 less than one day

hrs.

min.

9. Birthplace

Montgomery Co.

(Town, county and state)

10. Usual occupation

House Wife

11. Industry or business

None

12. Name

Herbert Thompson

13. Birthplace

Montgomery Co.

14. Maiden name

Mary Lucinda Rawes

15. Birthplace

Montgomery Co.

16. Informant

Paul Welsh

Address

Damascus, Md.

17. Burial

Date thereof Nov. 16, 1946.

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or columbarium

St. Marys.

Location

Rockville, Maryland

18. Funeral director

J. B. Beall, Inc.

Address

Damascus, Md.

19. 15 Nov

19 46

(Date rec'd by registrar)

Elizabeth G. Tech.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MARYLAND County MONTGOMERYor town DAMASCUS

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 November 1946 19 46, at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

18. 10. 19 46

and that I last saw her DEAD alive on 14 NOVEMBER 19 46

Immediate cause of death

Fractured Skull

DURATION

1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

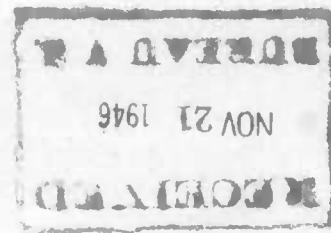
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 14 Nov. 1946Where did injury occur? U.S. # 15 Frederick Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) State highwayMeans of injury Auto accident Injured at work? No23. SIGNATURE Charles T. Clegg, M.D. M. D. or otherAddress County Hospital Examiner Date signed 11/15/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

11078

1310

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick City Hospital

City or town Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

20 days

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

20 days

3. (a) FULL NAME

John Wilson Williams

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Anna Williams

6. (c) If alive, give age years

May 24, 1873

7. Birth date of deceased (mo., day, yr.)

1873 72

Months 6

Days 0

If less than one day hrs. min.

9. Birthplace

Boys, Md.

(Town, county, and state)

10. Usual occupation

Retired Telegraph Operator

11. Industry or business

James E Williams

12. Name

Md.

13. Birthplace

Md,

14. Maiden name

Sarah J Burdett

15. Birthplace

Md,

16. Informant

Mr Wm Williams

Address

Boys, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/26/46

(month) (day) (year)

Cemetery or columbarium

Boys Cemetery

Location

Boys, Md.

18. Funeral director

Ernest C Gartner

Address

Gaithersburg, Md.

19. Date rec'd by registrar

19. H. L. Elisabeth Steele

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montg.

City or town Boys

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1946 at 1:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 1946 to November 24 1946

and that I last saw him alive on November 24 1946

Immediate cause of death

Chronic nephritis

Due to

(Greman)

Due to

Arteriosclerosis

Other conditions Renal Calculi

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Justin Pearce, M.D.

M. D. or other

Address

Frederick, Md. Date signed 11/24/46

Registrar

RECD IN 60

NOV 26 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

11079

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1.5 Mo.Hospital, Institution, or street address where death occurred: Frederick City HospitalHow long in hospital or institution? 15 hrs.

3. (a) FULL NAME

William H. Hale

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Malewhitemarried

6. (b) Name of husband or wife

Nettie Hale (wife)6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

Nov 23. 1890

8. AGE:

Years 56Months 11Days 18

If less than one day

hrs.

min.

9. Birthplace

York Co. Pa.

(Town, county, and state)

10. Usual occupation

FlagmanPennsylvania Railroad Co.

11. Industry or business

William H. Hale

12. Name

William H. Hale

13. Birthplace

York Co. Pa.

14. Maiden name

Malinda Hale

15. Birthplace

York Co. Pa.

16. Informant

mrs. nettie Hale

Address

234 E. Cottage Place

17. Burial

Date thereof Nov. 15. 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mt. Rose Memorial

Location

York, Pa.

18. Funeral Director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 13 hrs.

19. H. 6.

(Date rec'd by registrar)

Elizabeth S. Hecks

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County YorkCity or town York
(If outside city or town limits, write RURAL and give nearest town)Street No. 234 E. Cottage Place
(If rural, give LOCATION)2. (a) If veteran, name war World War I

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1946 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19. to 19.and that I last saw h. alive on never 19.Immediate cause of death Crushing injury to abdomen & thorax

DURATION

1 hour

Due to.

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov. 11, 1946Where did injury occur? Union Bridge (City or town) Maryland (County) (State)Injured at home, farm, industry, public place (where?) IndustryMeans of injury Crushed between 2 R.R. Cars Injured at work? Yes23. SIGNATURE Charles H. Corley, M.D.Reg. med. ex. M. D. or other
Address Frederick, Md. Date signed Nov. 11, 1946.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

11080

CERTIFICATE OF DEATH

11080

Reg. Dist. No.

1. PLACE OF DEATH:

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

Christine Elizabeth Young

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 21, 1944

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Christine Elizabeth Young

12. Name

Calverville, Virginia

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Church of God Cemetery

Location

Burkittsville, Md. Rural

18. Funeral director

Address

19. Nov. 13, 1946

(Date rec'd by registrar)

Elizabeth G. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

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11081

CERTIFICATE OF DEATH

Reg. Dist. No. 1310

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Frederick

Jefferson RFD

35 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sallie Viola Zeher

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age.....years

Aug. 6, 1879

8. AGE:

Year Month Days If less than one day

67

6

26

.hrs. min.

9. Birthplace

Bucktville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Jones Young

13. Birthplace

Bucktville, Md.

14. Maiden name

Sophie Lauer

15. Birthplace

Bucktville, Md.

16. Informant

Mrs. Thelma Tucker

Address

Jefferson, Md. RFD

17. (Burial, cremation, or removal) Which?

Date thereof (month) (day) (year)

Nov. 5 1946

Cemetery or crematory

Bucktville Cemetery

Location

Middletown, Md.

18. Funeral director

F. Headliff Co.

Address

Middletown, Md.

19. (Date rec'd by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For a born infant, give residence of mother)

State

Maryland County

City or town

Jefferson RFD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

NO

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 2 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 29 1946 to Nov. 2 1946

and that I last saw h. i. alive on Nov. 2 1946

Immediate cause of death

Pulmonary edema

DURATION

2 Days

Due to Melastase (Cancer) + acute pulmonary infection

5 days

Due to

Cancerous tumor

5 yrs

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

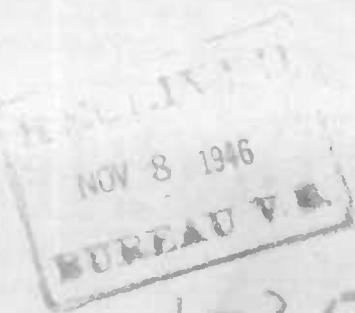
Injured at work?

23. SIGNATURE

G. J. DeLoach

M. D. or other

Date signed



1-35